PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
APPLICATION FOR JU REINSTATEMENT
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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557013

1. Corporation Name

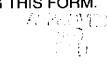
COOPER BUSINESS BROKER, INC.

Principal Place of Business

Mailing Address

2102 W. KENNEDY BLVD. TAMPA FL 33606

2102 W. KENNEDY BLVD. TAMPA FL 33606



95 SEP 19 PH 1/22

SECRETATIV OF STATE TALLANT SV. E, FLORIDA



If above a	ddresses are incorrect in any way, line t	hrough incorrect in	formation and enter co	prection below.	I District	ented or Quelified		
New Principal Office Address, If Applicable		3. New Mails	New Mailing Office Address, If Applicable Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 01/01/1978 5. FEI Number Applied For Net Applied For		
Suite, Apt. #	suite, Apt. #, etc.							
City & State)	City & State			Not Applicable			
Zip	Country	Zip	Country		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer ar	nd/or Director (Flo	rida nonprofit corporati	ons must list at le	ast 3 directors)			
Title(s)	Name of Officers		Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		h	City / State / Zip		
PD-	PULEO, JOSEPH M.		2102 W KENNED	DY BLVD.		TAMPA FL		
							1902467	
						-10703736-	1969467 -01016-020	
						※※※※375。以	(i ****375.00 	
				RE	INSTA	TEMENT	96	
							a. War	
	8. Name and Address of Curre	ent Registered Ag	ent		9. Name and	Address of New Registe	red Agent 9-19	
	- 1414EA B			Name Josep	h M. Pul	leo		
				et Address (P.O. Box Number is Not Acceptable) 2102 W. Kennedy Blvd.				
315 HYDE PARK AVE. 210 TAMPA FL 33606 Suite, Apt.			Suite, Apt. #, E	tc.	edy Bivu.			
*****)		City Tampa	<u> </u>		State Zip Code FL 33606	
10. I, beir	ng appointed the registered agent of the	MeNy hamed clay	pologia di amiliari di SENT MUST SIGN	th and accept the	obligations of Sec	tion 607.0505, F.S.	1/56	
Signature Registere	d Agent	REGISTERED A	OFIAL MINOL SIGN					

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

8/14/56 (813) 254-7007
Date Date Daytime Phone #